

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-123 Office of Registrar of Vital Statistics.

Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1887

Full Name of Deceased, Catherine Clarke
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, female
{ Cross out the word not required in this line. }

Age, 5 Months, 17 Days.

Color, white

~~Married~~, Single, Widow or Widower, ✓
{ Cross out the words not required in this line. }

Occupation, _____

Birth Place, Baltimore City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since born

Place of Death, 1117 Hull St
{ Give Street and Number. }

Cause of Death, Meningitis
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 14th 1887

Undertaker, M. A. Dwyer, Mgr.

Place of Business, 229 S. Bldg.

Address, 1727 E. Balt.

P. S. Dwyer
Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

A 1232

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

July 12th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Elizabeth Diggs

Sex, ~~Male~~ or Female, { Cross out the word not required in this line.

Age,

Years,

Months,

Days

Color,

Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number.

New Vincent Alley

Cause of Death, { First (Primary),

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

3 days.

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St. (Int)

Date of Burial,

July 13/84

Undertaker,

Wm. Chase

Place of Business,

Address,

J. M. Steens
Cruz 16 & R

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. Roberts Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1233 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1887,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Geo. Thaler.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 69 Years, 10 Months, 12 Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Driver.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, { Give Street and Number. } 1119 W. Lombard St.

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy.
Exhaustion.

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Wheaton Cemetery

Date of Burial, July 14

{ Undertaker, Joseph B Cook } W. Ricker, M. D.
Medical Attendant.

{ Place of Business, 1003 W. Batten } Address, Peuna Ave. Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1234 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1887

Full Name of Deceased, Anna M. Cobling

Sex, Female

Age, 37 Years, 0 Months, 0 Days.

Color, White

Married, Single

Occupation, House wife

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, 26 S Green St.

Cause of Death, Rectal Fistula
Abdominal Abscess

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cem J R Andrews, attendant

Date of Burial, July 13th

Undertaker, Jacob Abrams

Place of Business, 626 W Baltimore St Address, 1102 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No.

A 1235

Office of Registrar of Vital Statistics.

12²

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

July 12/87

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Norman B Douglas

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

5

Months,

Days.

Color,

Mulatto

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore, Md

Duration of Residence in the City of Baltimore,

During life

Place of Death,

Give street and number.

571 Monroe St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Enterocolitis

Duration of Last Sickness,

One month

All the above information should be furnished by the Physician.

Place of Burial,

Laurel

Date of Burial,

July 14th 1887

{ Undertaker,

Alex Ramsey

{ Place of Business,

561 Orchard

Address,

567 Harlem Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1236 Office of Registrar of Vital Statistics.

Ward 13⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1887

Full Name of Deceased, Lewis Jackson
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 2 Years, 7 Months, 7 Days.

Color, Colored

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, _____

Birth Place, Baltimore City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, _____

Place of Death, Ralorg St # 629
{ Give Street and Number. }

Cause of Death, Inanition
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 13th 1887

Undertaker, Wm Hensley

Place of Business, 56/Charles St

Dr. Spanow M. D.

Medical Attendant,

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A. 1237 Office of Registrar of Vital Statistics.

Ward 11²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 12th 1887

Full Name of Deceased, Mary O Johnson
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female
Cross out the word not required in this line.

Age, — Years, 14 Months, 14 Days.

Color, Colored

Married, Single, Widow or Widower, Widow
Cross out the words not required in this line.

Occupation, —

Birth Place, Baltimore
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Life

Place of Death, 549 Moore Alley
Give Street and Number.

Cause of Death, Whooping Cough
First (Primary), Second (Immediate),
Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 14th 1887 James A. Stearns M. D.

Undertaker, Alex Hensley
Place of Business, 561 Orchard St Address, Camden 46 + 62

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

W. Le Roberts Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1238 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1897.

Full Name of Deceased, Annie B. Dockrue
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 2 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore MD
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, 1113 N. Wolfe St.
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate), Exhaustion }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 13 / 97.

Undertaker, Frank. Beach M. D.

Place of Business, 827 N. Durham St. Address, 804 N. Broadway
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-1239 Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13, 1887

Full Name of Deceased, Sarah Cohen (Write legibly and spell correctly. If an Infant not named, give names of parents.)

Sex, Male or Female, Female (Cross out the word not required in this line.)

Age, 1 Years, 1 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, Single (Cross out the words not required in this line.)

Occupation, None

Birth Place, Baltimore (State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Life time

Place of Death, 6 Little Beant St (Give Street and Number.)

Cause of Death, Apoplexy First (Primary),
Asphyxia Second (Immediate),

Duration of Last Sickness, 2 weeks

Place of Burial, Ohel Shalom Beamt

Date of Burial, July 13, 1887

Undertaker, Evans & Spence

Place of Business, Baltimore Address, 403 N. E. St.

Medical Attendant, D. Sherrill M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

Permit No. A 1240 Office of Registrar of Vital Statistics.

Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12" 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Finch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Fisherman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Destinuation

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 1930 Mechanic St

Cause of Death, { First (Primary), Second (Immediate), } Pleur. Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Catharine Hill

Date of Burial, July 14/87

{ Undertaker, Amesbury } D. A. Cooke M. D. Medical Attendant.

{ Place of Business, 715 Light } Address, 104 Tenthon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]